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ABSTRACT

Prepared by practical nursing educators, this document is intended to serve as a tool for (1) self-evaluation by educational programs in practical nursing, (2) evaluation for accreditation by the National League for Nursing, and (3) appraisal of plans for the development of new practical nursing programs. The statements, whcih are organized into criteria and related guidelines, cover the areas of philosophy and objectives, organization and administration, curriculum, faculty, students, facilities and resources, records, and evaluation. This is a revision of the original criteria, available as ED 025 607. (SB)

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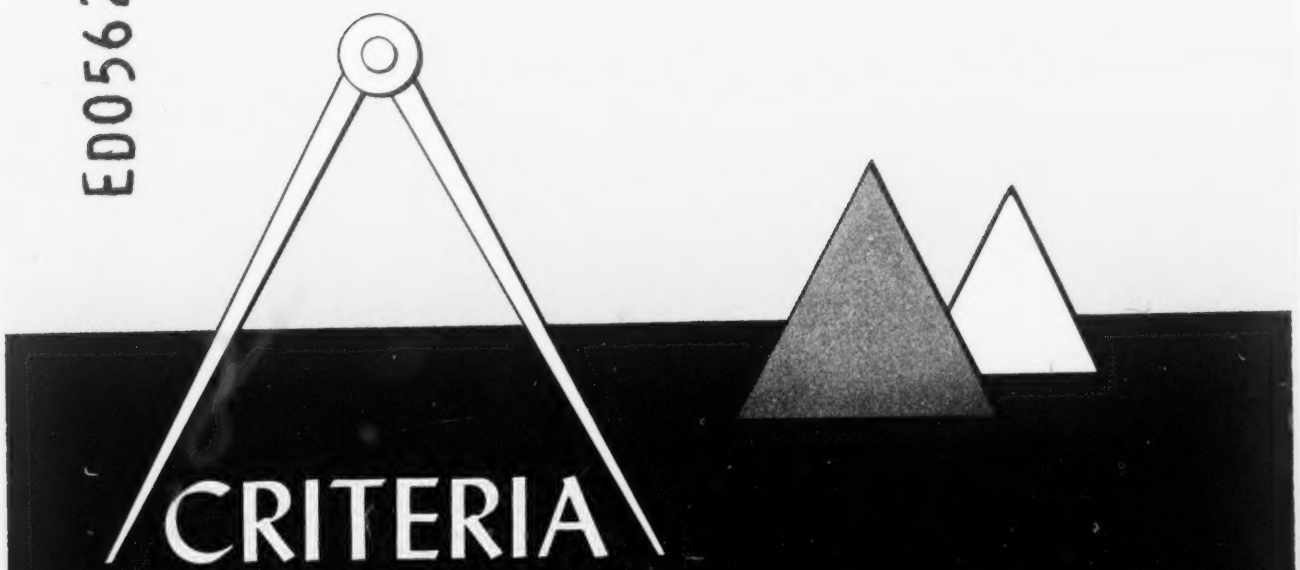

CRITERIA FOR THE EVALUATION OF EDUCATIONAL PROGRAMS IN PRACTICAL NURSING

NATIONAL LEAGUE FOR NURSING
DEPARTMENT OF
PRACTICAL NURSING PROGRAMS
1971

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NATIONAL LEAGUE FOR NURSING
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CONTENTS

DEFINITIONS OF TERMS v

INTRODUCTION 1

Development of the Criteria 1

Uses of the Criteria 2

STATEMENTS OF THE CRITERIA 3

Philosophy and Objectives 3

Organization and Administration 4

Curriculum 7

Faculty 9

Students 12

Facilities and Resources 14

Records 15

Evaluation 16

DEFINITIONS OF TERMS

1. *Accepted roles of the LPN:* the roles described in the 1970 *Statement of Functions and Qualifications of the Licensed Practical Nurse* by the National Federation of Licensed Practical Nurses, except for Function 2, Patient Care Management, which is considered by NLN to be continuing education rather than basic preparation.
2. *Agreements:* the contracts entered into by the controlling institution and cooperating agencies.
3. *Behavioral objective:* a statement that describes a measurable terminal behavior of the learner.
4. *Climate of the school:* the prevailing concepts and attitudes that make up the educational environment in which the teaching-learning process takes place.
5. *Controlling institution:* the single agency or institution that administers the program in its entirety, assumes responsibility for its financing throughout, graduates the students, and grants the diploma or certificate to the graduates.
6. *Cooperating agency:* any institution or agency, such as a hospital, a day nursery, a visiting nurse association, a nursing home, or other agency that enters into an agreement with the controlling institution to provide facilities for students' learning experiences.
7. *Criteria:* the broad standards that are used in evaluating the quality of the program.
8. *Curriculum:* the total learning experiences included in the program. It is a pattern, or blueprint, for education.
9. *Guidelines:* the spelling out of some of the general ways in which the criteria are met.
10. *Learning experience:* interaction between the student and his environment that results in behavioral change.
11. *Nurse director/coordinator:* the registered nurse to whom the administrator of the controlling institution has delegated responsibility for the direction of the program. The double term is used to indicate that one or the other title, either director or coordinator, refers to the same position.
12. *Nursing care analysis:* a detailed study and identification of all the components of the total care given in a nursing situation.
13. *Selected facts and concepts:* the essential knowledge from the various arts and sciences that must be incorporated in the curriculum to assist the student in understanding the reasons for the activities he or she will perform.

INTRODUCTION

Development of the Criteria

The criteria and the guidelines set forth in this document are the result of the work of many groups comprising hundreds of practical nursing educators and numerous other persons concerned with the evaluation of educational programs in practical nursing. The nurse educators who contributed to the formulation of the criteria represented all areas of the country and programs under all types of administration, so that it can be said that their thinking represents a cross-section of opinion on such programs.

The first NLN group charged with the development of criteria for the eventual accreditation of programs in practical nursing was the Subcommittee on Practical Nursing Education appointed in the fall of 1957 by NLN's newly established Council on Practical Nursing. Although setting its sights on its long-range goal, the subcommittee decided that its immediate goal was to help faculties in practical nursing to evaluate and to improve their programs. Its first report, issued in 1958, therefore took the form of a tentative statement of beliefs regarding standards of excellence and a tentative draft of an evaluation guide.

The report was circulated to all practical nursing schools in existence in the country at that time for their review and suggestions for revision. On the basis of the suggestions made and further study by the subcommittee and the steering committee, the evaluation guide was revised and expanded. The revised document, entitled *Self-Evaluation Guide for Schools of Practical Nursing*, was published by the council in 1959.

It was the consensus of all groups concerned with the development and implementation of NLN's program for the improvement of practical nursing schools that the program could best be forwarded through the establishment of a Department of Practical Nursing Programs within the Division of Nursing Education. The necessary change in the bylaws was voted at the convention of 1961, and the department was established during the same year.

In 1962, upon petition of the schools holding agency membership in the department, a council of member agencies was formed, and its first meeting was held in May of that year. The first recommendation of the council to the steering committee was that the department develop criteria for the evaluation of practical nursing programs.

In September, 1962, a committee entitled the Committee to Study Criteria for Evaluation of Practical Nursing Programs was appointed by the steering committee and charged with identifying appropriate criteria. The tentative statements prepared by that group were studied and revised by the steering committee, and the revised draft was submitted to the member agencies for study at a workshop held at the May, 1963 meeting of the council. Many suggestions for revision were made by the participants, who included representatives of state boards of nursing and state supervisors of practical nursing education as well as representatives of the member agencies.

The criteria were then returned to the criteria committee for further work. They

were reshaped by that committee, further edited by the steering committee, and again submitted to the member agencies for study at a second workshop, which took place at the June, 1964, meeting of the council. Revised once more on the basis of suggestions made by the participants, the criteria were circulated to all of the member agencies in the summer of 1964. The suggestions for revision that came out of the review were given careful consideration in the preparation of the final draft, which was approved by the steering committee in October, 1964, and published in 1965.

The same procedures were followed throughout the revising of the original criteria, except that the work involved did not necessitate the holding of a second workshop. The final draft of the present edition was approved by the Council of Practical Nursing Programs at its meeting of May, 1971.

Uses of the Criteria

This document is intended to serve as a tool for (1) self-evaluation by educational programs in practical nursing, (2) evaluation of practical nursing programs for which accreditation by the National League for Nursing is sought, and (3) appraisal of plans for the development of new practical nursing programs.

Criteria are standards of measurement to be used in appraising the quality and characteristics of an educational program. They are usually formulated and accepted by the schools offering the type of program to which the criteria pertain. These criteria were formulated by practical nursing educators after careful study of the level of achievement that has been attained or is attainable by programs in practical nursing. The statements therefore reflect acceptable standards; they are not intended to be ideals or maximum goals.

This does not mean that all practical nursing schools must attain each criterion to the same degree or in the same way. No criterion should be used as a fixed standard or in such a way that the method of implementation is so rigidly defined that further improvement in any area of the educational program is inhibited. Criteria should be considered as guides to action and yardsticks against which achievement can be measured; they should not be viewed as absolutes that stifle or inhibit creativity in program development.

It should be noted that the criteria are necessarily evolutionary and so will need to be reviewed and revised periodically in order to keep them abreast of changes in practical nursing and practical nursing education.

STATEMENTS OF THE CRITERIA

Philosophy and Objectives

Criteria	*Guidelines*
1. The philosophy and the behavioral objectives of the program have been carefully formulated, agreed upon, well defined, and implemented by the faculty and are in accord with the philosophy and the objectives of the controlling institution.	The philosophy and the behavioral objectives must be in writing and must be shared with the students, as must be the expectations regarding their performance from the time of enrollment through graduation.
2. The philosophy and the behavioral objectives provide the basis for the development, the conduct, and the evaluation of the total program, including the areas of instruction, admission practices, and personnel policies.	The philosophy and the behavioral objectives should be made known to nursing service personnel in the cooperating agencies and used in interpreting the abilities of graduates.
3. The statement of philosophy includes the beliefs of the faculty about nursing, nursing education, practical nursing education, and education in general.	
4. The philosophy is in accord with the belief that practical nursing is an integral and essential part of all nursing.	
5. The statement of philosophy incorporates the belief that the educational program is planned to meet the educational needs of the students.	Although the overall objective of the program is to prepare the students for service, the provision of service to patients is the responsibility of the service agency, and the nursing needs of patients should not take precedence over the educational needs of students.
6. The behavioral objectives reflect the stated philosophy and are based upon the concept of preparing a practitioner who shares in the giving of direct care to patients and who functions within the accepted roles of the licensed practical nurse.	The objectives should be broadly stated in terms of expected behavior and be consistent with: a. The time allotted for the program. b. The available resources. c. The characteristics and the qualifications of the students. d. The occupational field for which preparation is being given. e. The accepted purposes of practical nursing education.
7. The behavioral objectives are realistic and attainable within the program of instruction.	

Organization and Administration

Criteria	*Guidelines*
1. The controlling institution determines general policy and provides the necessary resources for the entire program.	The organizational chart should define the lines of authority and the channels of communication within the controlling agency and show the relationships with cooperating agencies and committees. a. It should accurately reflect the patterns of responsibility. b. It should show evidence that all instructors teaching in classrooms and clinical areas are responsible to the nurse director/coordinator of the program, who is in turn responsible to the appropriate and designated individual or individuals in the controlling institution.
2. Administrative and educational policies reflect the philosophy and the objectives of the program.	
3. The controlling institution, through the nurse director/coordinator, has responsibility for the total program from the time of recruitment and enrollment through graduation of the student.	
4. The nurse director/coordinator and the instructors are delegated the authority necessary for developing and implementing the program to meet the stated objectives.	The nurse director/coordinator must be provided adequate time to carry out necessary administrative duties.
5. The responsibilities of each person concerned with the carrying out of the program and the extent of the authority that may be exercised by each are defined and made known to all personnel.	
6. The administrative structure permits flexibility, freedom, and creativity in the planning and the development of the program and allows for continuing education of the faculty.	The schedule of faculty assignments must provide time for curriculum development, faculty meetings, and inservice education. Also, it should be flexible enough to permit faculty to attend professional meetings and to participate in professional activities when appropriate.

Criteria	*Guidelines*
7. Written personnel policies for faculty are on file, which include those relating to:	
a. Qualifications for positions.	Written job descriptions for all faculty should be on file and should be used in recruitment, employment, and evaluation of faculty.
b. Salary scale and promotion.	
c. Vacations and sick time.	
d. Leave of absence for study.	
e. Retirement plans.	
f. Health services.	
8. Adequate and stable financing of the program is assured, and the budget provides for the needs of the program as determined by nurse faculty members.	The nurse director/coordinator should participate in the preparation of the budget, which should include: a. Salaries for regular faculty, substitute teachers, and office staff. b. Teaching equipment and supplies. c. Library acquisitions. d. Consultation and accreditation services. e. Travel allowance for attendance of faculty at professional meetings and for participation in workshops and other activities that contribute to their professional and personal development.
9. There are written agreements between the controlling institution and each cooperating agency that: a. Have been jointly developed by both parties. b. Outline the responsibilities and authority of each party. c. Ensure full control of the students' learning experiences by the nurse faculty of the controlling institution. d. Are reviewed annually by both parties.	Each agreement should include: a. A clear statement that responsibility for the selection and supervision of student experiences and for the appointment of faculty to teach the students rests with the school. b. Provision for coordinated planning between the faculty of the school and the administrative personnel of the cooperating agency. c. The kinds and the amount of learning experience to be provided in the agency. d. Provisions for termination of the agreement, particularly the length of notice that must be given.

Criteria	*Guidelines*
10. The program is sensitive and responsive to the needs of the community, and community cooperation is sought through ongoing interpretation of the program.	The means of assessing the needs of the community that might be met by the program and of interpreting the program to the community include: a. Committees. b. Publicity media such as newspapers, radio, and television. c. A brochure or bulletin outlining the school's program. If an advisory committee is used, the members should be representative of various interests but are selected for the contributions they can make to the program. a. The purpose and the functions of the committee should be so stated that it is recognized as an advisory and not a policy-making group. b. The statement should include policies governing the composition of the group and criteria for the selection of members. c. The minutes of the meetings of the advisory committee should be on file. d. The nurse director/coordinator should serve as an ex-officio member of the committee. Other committees deemed necessary are appointed by the administration of the controlling institution.

Curriculum

Criteria	*Guidelines*
1. The curriculum is designed to meet the stated behavioral objectives.	
2. The program is developed and conducted in accordance with sound principles of education and practical nursing education.	The climate of the school and the cooperating agencies should be conducive to learning and should indicate that there is acceptance of students and their individual differences. The content should give evidence that the basic scientific principles and the concepts of nursing related to the nursing situations selected for learning experiences have been identified and incorporated in the curriculum.
3. The curriculum is based on broad areas of learning but is limited in detail and flexible enough to permit adaptations according to individual student needs as well as to changing concepts relative to goals in nursing.	A nursing care analysis of a situation in each of the learning experiences should identify the scope and background needed in the curriculum.
4. The scientific facts and concepts selected are limited to those that are essential as a basis for nursing action and are applicable to patient care.	
5. The curriculum provides for a correlated program of instruction and practice in the care of selected individuals in illness and in health, with various types of incapacities, and from all age groups.	The learning experiences should include the nursing care of: a. Mothers and infants. b. Children and adults with common medical and surgical conditions. c. The aged and individuals with long-term illnesses. d. Individuals with mental and emotional problems.
6. Learning experiences are selected and arranged so as to provide: a. Opportunity for the students to learn how to function within the two accepted roles of the licensed practical nurse. b. Opportunities for personal growth of students.	The learning experiences should include opportunities that will enable the students to recognize the individual patient's needs in: a. The promotion of and restoration to health. b. Carrying out preventive measures. c. Providing direct nursing care in relatively stable situations. d. Performing nursing functions in semi-complex situations. e. Assisting the qualified health professional in complex situations.

Criteria	*Guidelines*
7. The learning experiences focus on nursing care, and effort is made to arrange experiences in a pattern of logical sequences that demonstrates continuity of care.	The curriculum shows that there is provision for sequential experiences in specific areas, such as maternal and child care, preoperative through postoperative care, or prehospital through posthospital care.
8. The plan of instruction enables students to develop understanding of the functions of the LPN within different patterns of nursing service.	The learning experiences provide opportunities for students to gain an understanding of team nursing and both the case method and the functional method of assignment.
9. There is concurrent, meaningful application of theory to practice.	There should be early introduction of the student to the clinical area for suitable experiences.
10. The sequence of learning is from the simple to the complex and from the known to the unknown, and each added learning experience is built upon previous ones.	Plans for some laboratory practice away from the pressure of the clinical setting should be in effect. There should be opportunity for the student to assist with the preparation, implementation, and continuing evaluation of the nursing care plans for individual patients, with the focus on the needs of the patients.
11. The total plan of the curriculum shows the relationship of each part to the whole.	Each course outline or segment of teaching should reflect the behavioral objectives of the specific part and contribute to the behavioral objectives of the total curriculum. The students should be given guidance in identifying the relationship of their learning experiences to the behavioral objectives of the program.
12. In selecting learning experiences in the clinical situation, the focus is on the students' needs, and service rendered to the cooperating agency is incidental to the learning process.	Any services provided to students or money given to students in lieu of such services may not be construed as obligating the students in any way that would interfere with the educational experiences as planned by the faculty.

Faculty

Criteria	*Guidelines*
1. The faculty consists of the director/coordinator and the instructors who teach in the classroom and the clinical areas, all of whom are employed by and responsible to the controlling institution.	The faculty should number no less than a full-time professional nurse director/coordinator and at least one full-time professional nurse instructor.
2. The faculty is qualified and adequate in number to develop and implement the program in accordance with the stated objectives.	Factors to be considered in determining the number of faculty needed include the number of students enrolled, the frequency of admissions, the total responsibilities of the faculty, and the number and the location of the clinical facilities used.
a. Qualifications of each nurse faculty member include: (1) Current registration or licensure in the state in which the program is located. (2) Experience and skill in the practice of nursing; experience in teaching gained through previous employment or practice in his or her educational program. (3) Membership in professional organizations and active interest in civic affairs.	In order to ensure that the instructor is abreast of current trends in nursing and nursing education, some of the experience should have been obtained within the last two years prior to employment.
b. Additional qualifications of the professional nurse director/coordinator shall include a baccalaureate degree and competencies in administration, curriculum development, and counseling and guidance gained through preparation or experience.	
c. Additional qualifications of the professional nurse instructor should include a baccalaureate degree, preferably in nursing, and added preparation for teaching.	
d. Qualifications of nonnurse faculty members include preparation and experience in their respective fields comparable to those of the nurse members.	

Criteria	*Guidelines*
e. A licensed practical nurse who meets the qualifications of the controlling institution may function as an assistant or teaching aide to the professional nurse instructor in the clinical and/or classroom laboratory areas.	
f. The ratio of instructors to students is higher when students are learning to give nursing care in the clinical situation than is the instructor-student ratio when students are being taught in the classroom.	
3. In consultation with appropriate administrators, the nurse faculty members:	
a. Develop and adopt an educational philosophy and appropriate behavioral objectives for the program.	There should be regular and planned faculty meetings and special meetings as needed. Minutes give evidence that action proposed at faculty meetings is carried out.
b. Set the standards for admission to the program and select the students.	
c. Set the standards for progression through the program and evaluate the achievement of the students on the basis of the standards.	
d. Develop, implement, and evaluate the program by:	
(1) Assessing the educational resources within the controlling institution.	Materials such as films, textbooks, reference works, and all supplies needed for demonstration and practice in the classroom and the laboratory should be selected by the faculty.
(2) Assessing the available clinical resources and making decisions as to their suitability for students' clinical experiences.	Students' needs should be interpreted to the service personnel of the cooperating agencies, and students should be helped to develop an awareness of the requirements of nursing service.
(3) Selecting the learning experiences and supervising, teaching, and guiding the students throughout the entire program.	Teaching should show evidence that various approaches are used to motivate the students to think and learn. a. The problem-solving approach is used when appropriate.

Criteria	*Guidelines*
	b. Creativity in the student is encouraged.
	c. Opportunity is provided for the student to identify, share in planning, and assimilate the learning experiences.
	d. Active participation of the student is recognized and accepted as essential to effective learning.
e. Further their professional and personal development through:	
(1) Active participation in professional organizations and community activities.	
(2) Participation in inservice education projects within the practical nursing program and/or with other faculty groups.	
(3) Continuing education, such as graduate study, attendance at workshops and institutes, and other appropriate educational experiences.	
4. The teaching load of each faculty member permits adequate time for:	
a. Preparation of teaching material.	
b. Evaluation of student achievement.	Means of measuring student achievement include:
	a. Teacher-made tests.
	b. Standardized achievement tests.
	c. Clinical performance evaluation tools.
c. Evaluation of his or her teaching in terms of student progress.	
d. Attendance at faculty meetings and participation in faculty projects.	
e. Attendance at appropriate professional meetings.	

Students

Criteria	*Guidelines*
1. Policies pertaining to the selection of students are in accord with the philosophy and the behavioral objectives of the program.	
2. Selection of students is based upon an analysis of the abilities needed to successfully complete the program of study.	The means used for evaluating the qualifications of applicants should include: a. Transcript of high school record. b. Standardized tests that measure general abilities. c. Preentrance medical record that includes the medical history, the findings of a physical examination, a chest x-ray, and immunizations and tests. d. A personal interview. e. Personal references.
3. Each applicant is evaluated in terms of total preadmission requirements, and selection is made in accordance with standards established by the faculty of the program.	
4. There are personnel policies in effect for students that provide for their safety, welfare, and guidance and define their responsibilities.	The personnel policies, including those pertaining to health and safety, should be interpreted to students and made available to them in written form, such as a student handbook.
a. Policies pertaining to health care state the respective responsibilities of the school and the student.	Policies pertaining to health care should provide for: a. Emergency care. b. A hospital and medical care plan. (A terminal physical examination, including a chest x-ray, is recommended.)
b. A counseling and guidance program is outlined in the policies.	The counseling plan should provide for: a. Scheduled conferences with teachers. b. Special conferences with appropriate counselors as needed. c. Guidance in locating sources of financial assistance in cases of need.
c. The policies include rules of conduct and regulations pertaining to vacation time, the grading system, and employment outside of school hours.	

Criteria	*Guidelines*
d. The policies pertaining to the planning of in-school time provide for balance between classroom experience, clinical experience, study time, and conferences.	
5. Class activities, assignments, and procedures and school services for students are directed toward the education of the student and the development of his or her potential as a student of practical nursing and as a person.	Provision should be made for a student organization and recreational and other activities for students in keeping with the objectives of the program.

Facilities and Resources

Criteria

1. The physical and clinical facilities and other resources are adequate in quantity and quality to the needs of the program.
2. The physical facilities include adequate space for conducting the program effectively and sufficient teaching materials for the number of students enrolled.
3. The clinical facilities are sufficient in number and type to provide the essential learning experiences for each student.
4. The numbers and types of patients in the cooperating agencies are sufficient to provide comparable experiences for each student.
5. All cooperating agencies are licensed and/or approved by the appropriate authorities.
6. Adequate conference rooms and other necessary facilities, such as locker rooms, dining facilities, and offices, are provided by the cooperating agencies.
7. The library holdings are sufficient in number, up to date, appropriate to the program in practical nursing, and accessible to students and faculty.
8. The physical facilities, the organization, and the services of the library are conducive to effective use.
9. Secretarial help of sufficient quality and in sufficient quantity is available.

Guidelines

The physical facilities of the school should include:

a. Teaching facilities for the total class as well as sections of the class, including lecture-demonstration room, laboratories, and library.
b. Offices for administrative personnel, including secretarial staff.
c. Offices and conference rooms for faculty.
d. Supportive facilities, such as locker rooms, lounges, storage space, and janitors' closets.

Teaching aids, such as audio-visual equipment, models, and reference materials, should be available.

Necessary instructional materials, including reference books, should be available for use in the cooperating agencies.

Library facilities may be separate or shared, but the resources should include reference books, nursing journals, and other materials carefully selected to meet the objectives of the practical nursing program.

Records

Criteria	*Guidelines*
1. Significant, accurate, complete, and concise records and reports that clearly reflect the organization and the functioning of the total program are on file.	Reports and records of visits of the State Board of Nursing, reports from national accrediting services if used, and annual reports of all types should be on file.
2. Faculty records are maintained in a personnel file.	Faculty records should include records of each faculty member's teaching load and responsibilities for each school year.
3. Student records are up to date and are kept confidential.	Student records should include: a. Admission records. b. Records of test results and clinical evaluations (during enrollment). c. Cumulative health and counseling records. d. Final summary record. e. State board examination results.
4. Other records on file should be dated and include: a. A master plan of the curriculum. b. An up-to-date school announcement or bulletin that describes the general plan of the curriculum. c. Minutes of all meetings.	The school bulletin should be revised when significant changes in the program are made, and the bulletin should show the year of publication. Minutes on file should include those of meetings of the faculty, meetings of the advisory committee if one is used, and meetings of other important committees and conferences.
5. Records and reports, unless confidential, are available to faculty members and are shared with students when appropriate.	
6. There is provision for the protection of records against loss, destruction, or unauthorized use.	

Evaluation

Criteria	*Guidelines*
1. The organization and the administration of the controlling institution are periodically examined by those responsible to ensure that they permit effective functioning of faculty and learning by students within the practical nursing program.	Statements regarding strengths and weaknesses made by all approving agencies should be utilized in evaluation.
2. Each faculty member is periodically evaluated in terms of individual contribution to the achievement of the behavioral objectives and in terms of personal and professional growth.	Each faculty member should be made aware of the findings of the appraisal and counseled in a supportive manner.
3. The curriculum is assessed systematically and periodically in terms of the beliefs and the behavioral objectives of the program.	
4. Resources and facilities are periodically evaluated to determine whether or not they are meeting the needs of the program.	Clinical resources and the agreement contracts should be reviewed annually. Meetings of the faculty and representatives of the cooperating agencies should be held.
5. Student achievement, including clinical performance, is systematically evaluated throughout the program.	Appropriate standardized tests and teacher-made tests should be used for evaluation. Appropriate techniques and tools should be employed in evaluating student performance in the clinical situation. The students should participate in the evaluation of their achievement, both through self-evaluation and through review of the evaluation made by the faculty.
6. Student evaluation of the total educational program is used as a means of assessing its effectiveness.	
7. The performance of the graduates on the State Board Test Pool Examinations is satisfactory in relation to state and national means.	
8. There is a periodic follow-up of graduates and an ongoing study of admissions and withdrawals.	The follow-up of graduates should determine how well they are functioning in nursing service, where they are employed, and how well the program prepared them

Criteria	*Guidelines*
	for assigned functions and state board performance.
9. The evaluation data are used to bring about improvement of the program.	